

RECEIVED
CENTRAL FAX CENTER

DEC 13 2006

Attorney Docket No.: VPI/00-129-1 DIV US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/692,355
Confirmation No.: 8543
Filing Date: October 23, 2003
Examiner: Kahsay Habte, Ph.D.
Group Art Unit: 1624
Applicants: Robert Davies, et al.
For: PYRAZOLE COMPOUNDS USEFUL AS PROTEIN KINASE
INHIBITORS

Certificate of Facsimile Transmission Under 37 CFR §1.8

I hereby certify that this correspondence and any documents referred to as attached hereto is/are being facsimile transmitted to the United States Patent and Trademark Office on December 13, 2006.



Jennifer G. Che

December 13, 2006
Cambridge, Massachusetts

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: ☒ an Amendment and Reply to Office Action; ☒ a Terminal Disclaimer; ☐ a Declaration; ☐ a Power of Attorney; ☐ a copy of a Notice to File Missing Parts; ☐ a Response to Notice to File Missing Parts; ☐ a Supplemental Declaration; ☐ an Associate Power of Attorney; ☐ a substitute Specification; ☐ formal drawings; ☐ Notice of Appeal; ☐ Appeal Brief; ☐ Petition for Revival; to be filed in the above-identified patent application.

RECEIVED
CENTRAL FAX CENTER

DEC 13 2006

Applicants:
Application No.Robert Davies, et al.
0/692,355FEE FOR ADDITIONAL CLAIMS☒ A fee for additional claims is not required.☐ A fee for additional claims is required.

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	-	* = X	\$ 50	= \$ 0
INDEPENDENT CLAIMS	-	** = X	\$200	= \$ 0
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM		+	\$360	= \$
* If less than 20, insert 20.				TOTAL \$ 0
** If less than 3, insert 3.				

☐ A check in the amount of \$__ in payment of the filing fee is transmitted herewith.☐ Please charge \$__ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

RECEIVED
CENTRAL FAX CENTER

DEC 13 2006


Applicants:
Application No.Robert Davies, et al.
10/692,355EXTENSION FEE

- ☐ The following extension is applicable to the Response filed herewith; ☐ \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); ☐ \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); ☐ \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
- ☐ A check in the amount of ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 in payment of the extension fee is transmitted herewith.
- ☐ Please charge the extension fee in the amount of ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
- ☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

MISCELLANEOUS FEES

- ☐ Please charge \$_____ to Deposit Account No. 50-0725 in payment of the for _____ (37 C.F.R. §_____).

Respectfully submitted,



Jennifer G. Cline (Reg. No. 58,035)
Agent for Applicants
c/o Vertex Pharmaceuticals Incorporated
130 Waverly Street
Cambridge, Massachusetts 02139
Tel: (617) 444-6525
Fax: (617) 444-6483